

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA0008302903	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Oil + Solvent Process Company 1704 West First St Azusa, CA. 91702			A. State Manifest Document Number 84124928			
4. Generator's Phone (818) 334-5117			B. State Generator's ID CA0008302903			
5. Transporter 1 Company Name Oil + Solvent Process Co		6. US EPA ID Number ICA0008302903	C. State Transporter's ID # 53153			
7. Transporter 2 Company Name		8. US EPA ID Number	D. Transporter's Phone (818) 334-5117			
9. Designated Facility Name and Site Address Omega Chemical Corp. 12504 E. Whittier Blvd. Whittier, CA. 90602		10. US EPA ID Number ICA0042245001	E. State Transporter's ID			
			F. Transporter's Phone			
			G. State Facility's ID CA0042245001			
			H. Facility's Phone (213) 968-0991			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Mt/Vol	I. Waste No.
a. HAZARDOUS Waste Liquid ORM-E N.O.S. NA# 9189			001 TT	2806	G.	211
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above Trichlorotrifluoroethane 96% - 92% methanol / Ethanol 3% - 1% oil/dirt/water 4% - 2%			K. Handling Codes for Wastes Listed Above R01			
15. Special Handling Instructions and Additional Information Gloves + Goggles						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name Victor Guevara Lab Tech			Signature Victor Guevara		Date Month Day Year 10/31/85	
17. Transporter 1 Acknowledgement of Receipt of Materials					Date	
Printed/Typed Name RAYMOND RIVERA			Signature Raymond Rivera		Month Day Year 10/31/85	
18. Transporter 2 Acknowledgement or Receipt of Materials					Date	
Printed/Typed Name			Signature		Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name N. JAY Solomon			Signature N. Jay Solomon		Date Month Day Year 10/31/85	

White: TSD/ SENDS THIS COPY TO DOHS WITHIN 30 DAYS

TO: P.O. Box 3000, Sacramento, CA 95812